

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		1-11-00
Q.I.P.E. CLASSIFIER	<i>lu</i>		10-24-00
FORMALITY REVIEW	<i>2H</i>	32583	11/03/00
RESPONSE FORMALITY REVIEW	<i>request</i>	925	04-11-01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 • _____ Allowed I _____ Interference
 - (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	05/03/00
2	05/03/00
3	05/03/00
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If more than 150 claims or 10 actions
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